

Division of Medicaid and Medical Assistance



Improve Health Outcomes for Low Income Individuals

ISSUE STATEMENT:

Health insurance coverage is the foundation for access to health care. Delaware medical assistance programs - Medicaid, Delaware Healthy Children Program (DHCP), Delaware Prescription Assistance Program (DPAP), Non-Citizen Health Care Program, and Chronic Renal Disease Program - now provide health care coverage to more than 145,000 Delaware residents. In fact, Medicaid alone now covers 1 in 6 Delawareans.

Unfortunately, the rapid growth of Medicaid expenditures is imposing an ever-increasing financial burden on the State. Medicaid growth, the increased cost of health care, and an increasingly aging population have accelerated Medicaid costs. The result is that the focus has shifted from Medicaid expansion to cost containment. The ability to contain Medicaid costs without adversely impacting access to and quality of care is crucial in maximizing economy and efficiency in medical assistance programs and services.

GOALS:

- Improve the efficiency of access to quality affordable health care
- Maintain an adequate network of health care providers
- Manage program growth within the boundaries of available resources

KEY OBJECTIVES:

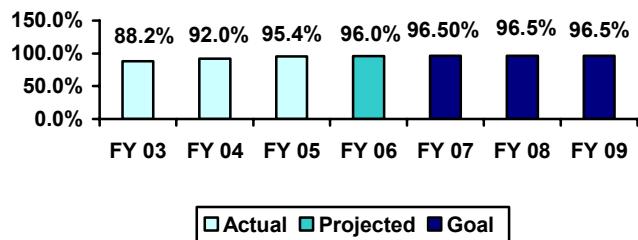
- To ensure that, by FY 2007, 96.5 % of clients will be seen in the same month by a Medicaid provider for a check-up
- To increase by 0.5% annually the percentage of clients seen the same day by a Medicaid provider when they are ill
- To decrease by 3% annually the number of days from receipt of a “clean” Medicaid claim to the date the Medicaid payment is issued
- To serve 7,789 recipients under the Delaware Prescription Assistance program by FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

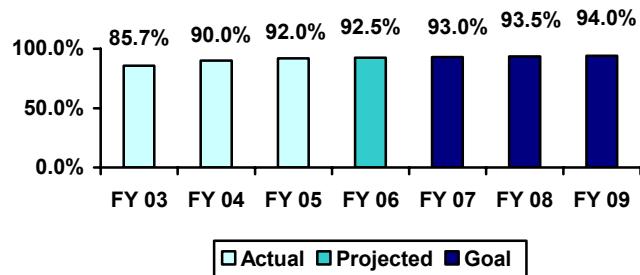
- Develop strategies to educate Medicaid clients regarding the importance of utilizing available medical services, particularly for prevention efforts
- Modify automated systems and support as necessary (i.e., Medicaid Management Information System, Delaware Client Information System) to increase efficient operation of programs and services

PERFORMANCE MEASURES

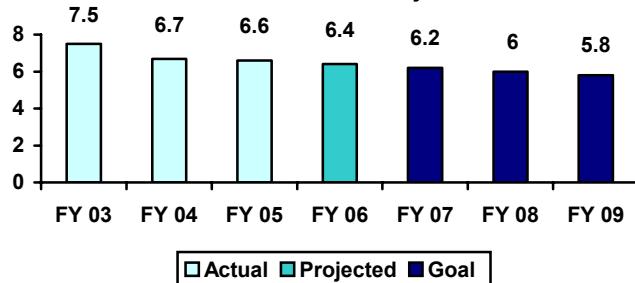
Percentage of Clients Seen Same Month by a Medicaid Provider for a Check-up



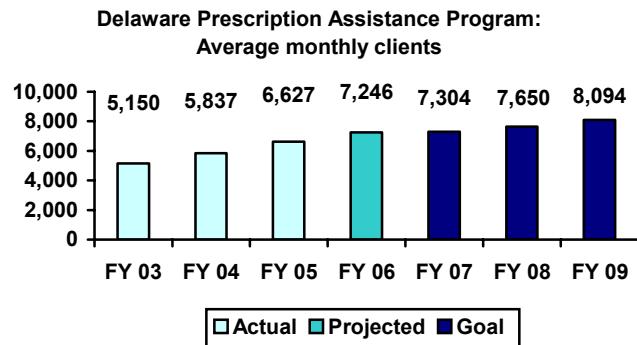
Percentage of Clients Seen Same Day by Medicaid Provider When Ill



Number of Days from Receipt of "Clean" Claim to Issuance of Medicaid Payment**



* A clean claim is a claim that goes through the processing system without hitting any edits or audits and pays electronically.



MONITORING / EVALUATION PLANS:

- Monitor access to care and quality of care via Health Benefit Manager and Managed Care Organization customer surveys
- Monitor timely processing of provider claims via MMIS claims reports
- Monitor program growth and program expenditures

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